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| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/537,614 – Conf. No. 6701 |
| | | Filing Date | February 6, 2006 |
| | | First Named Inventor | Stefan Golz |
| | | Art Unit | 1633 |
| | | Examiner Name | Scott Long |
| Total Number of Pages in This Submission | | Attorney Docket Number | LeA36493 [67860(303989)] |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Copy of Declaration on Inventorship filed in WIPO under PCT Rules 4/17(iv) and 51bis. 1(a)(iv) |
| <div style="border: 1px solid black; padding: 5px;"> Remarks Amendment/Reply submitted herewith was corrected to revise the incorrect claim identifier of claim 16 from "Previously presented" to "New," pursuant to the Notice of Non-Compliant Amendment. </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-----------------------------------|----------|--------|
| Firm Name | EDWARDS ANGELL PALMER & DODGE LLP | | |
| Signature | /Gabriel J. McCool/ | | |
| Printed name | Gabriel J. McCool | | |
| Date | February 14, 2009 | Reg. No. | 58,423 |

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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). | |
| Dated: February 14, 2009 | Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool/ |